



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FLEX	KIBLE ELECTRONI	C DEVICE			•••••••				•••••••••	••••••	
the spe	cification of which (	check one)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		••••••	••••••	••••••		,**************************************
$\boxtimes$	is attached heret	o									
$\Box$	was filed on		as App	olication Se	erial No:				and was	s ameno	ded o
_											
amendn I acknow Regulat I hereby below a	ment referred to about whedge the duty to tions, §1.56 (a). v claim foreign prio	e reviewed and ove. disclose inform rity benefits und	understand the content ation which is material the der Title 35, United State preign application for pate	ts of the a to the exar es Code, § ent or inver	above-identi mination of 119 of any ntor's certific	fied specification, this application in foreign application cate having a filing	includiaccord	ng the claim lance with T patent or in	ns, as am itle 37, Co eventor's c	ode of Fertificate	Feder
	ACINTOV		PRIOR FOR				* 1		PRIORITY		
	COUNTRY		APPLICATION NUM	ИВЕК	(da	TE OF FILING y, month, year)	. \$	Cla	aimed Un 5 U.S.C. 1	der	
GREA	AT BRITAIN		0029312.6		01-12-200	00	Ī	Yes X	-	No_	
							Ī	Yes	_	No _	
API	APPLICATION SERIAL NUMBER FILING DATE				STATES APPLICATION(S)  STATUS (PATENTED, PENDING, ABANDONED)						
<u> </u>											
be true; imprisor applicati	and further that the nment, or both, und tion or any patent is: R OF ATTORNEY:	ese statements er Section 1001 sued thereon.  As a named inv		States Coo the followin (list name a Haken, Re	at willful fals de and that g attorney(s	se statements and such willful false st s) and/or agent(s) to tion number)	the like tateme	e so made a nts may jeop	re punisha pardize the	able by validity	fine o
			, way								
Corpo U.S. F 580 W	O CORRESPONDE Prate Patent Counse Philips Corporation White Plains Road Own, New York 105	el .				OIRECT TELEPHONE CALLS TO: (Name and telephone number)  (914) 332-0222					
						0					
Dated:	22ND 0	CTOBER	2001	Inventor's S	ignature:	leter i	) <u>. (</u>	Green	<u> </u>		
FULL NA	ME OF INVENTOR:	EEN	First Name: Peter		1 1 T T T T T T T T T T T T T T T T T T	Middle Name:					
RESIDEN	ENCE & CITIZENSHIP City REIGATE			State or Foreign Country:			Country of Citizenship: GREAT BRITAIN				
POST OF	FFICE ADDRESS	Street & No:	RLY AVENUE	City: RELGA	HE		State of	r Country: REY W	. K. R	Code: H2 9	ì₩€
Dated:				Inventor's S			-				
	AME OF INVENTOR:	Last name		First Name:			Middle	Name:			
	INCE & CITIZENSHIP City				State or Foreign Country:			Country of Citizenship:			
POST OF	FFICE ADDRESS	Street & No:		City:			State o	or Country:	Zip	Code:	





## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Atty. Docket

PETER W. GREEN

GB 000164

Serial No.

Group Art Unit

Filed: CONCURRENTLY

Ex.

Title: FLEXIBLE ELECTRONIC DEVICE

## APPOINTMENT OF ASSOCIATES

Sir:

The undersigned Attorney of Record hereby revokes all prior appointments (if any) of Associate Attorney(s) or Agent(s) in the above-captioned case and appoints:

Eric Bram

(Registration No. 37,285)

c/o U.S. PHILIPS CORPORATION, Intellectual Property Department, 580 White Plains Road, Tarrytown, New York 10591, his Associate Attorney(s)/Agent(s) with all the usual powers to prosecute the above-identified application and any division or continuation thereof, to make alterations and amendments therein, and to transact all business in the Patent and Trademark Office connected therewith.

ALL CORRESPONDENCE CONCERNING THIS APPLICATION AND THE LETTERS PATENT WHEN GRANTED SHOULD BE ADDRESSED TO THE UNDERSIGNED ATTORNEY OF RECORD.

Michael E. Marion, Reg. 32,266 Attorney of Record

Dated at Tarrytown, New York this November 7, 2001